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**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

40

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9

45.8

1.57

72

09/08/05

First Semester February 15 to State Superintendent

**Second Semester** May 24 to State Superintendent

February 1 to County Superintendent May 10 to County Superintendent **S**: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0310 Kalispell Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Capacity Operated Social Security # Percentage # # Per Mile Inspection 50 5 14 45.8 1.80 84 08/26/05 5 50 15 21.2 1.57 71 08/04/05 50 5 18 71 08/04/05 16 1.57 5 50 20 53.6 1.57 72 08/26/05 5 72 50 22 26 1.57 08/26/05 100 5 24 22.8 1.57 72 08/26/05 5 35 28 48.2 1.80 84 08/26/05 100 5 29 20.7 1.57 77 08/26/05 100 5 30 47.2 1.36 65 08/04/05 5 71 100 31 17.8 1.57 08/26/05 100 5 32 20.7 1.57 71 08/26/05 5 51 100 33a 31.4 1.15 08/26/05 100 5 33b 43.8 51 08/26/05 1.15 100 5 0.95 08/26/05 36 46 18 100 5 37 0.95 21 51 08/26/05 100 5 40 76 0.95 11 08/26/05 5 7 25 84 63.6 1.80 08/26/05



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48.2

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108.1

63.6

105.9

45.8

1.57

1.57

1.57

1.57

1.80

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1.80

1.57

1.57

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100

100

65

100

100

100

100

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100

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	L
District	
County	

DUE
DATES

First Semester February 1 to County Superintendent February 15 to State Superintendent

**Second Semester** May 10 to County Superintendent May 24 to State Superintendent

## **S**: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 15 Flathead 0311 Flathead H S **High School** District Route Miles Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # # Per Day Per Mile Inspection 100 5 1 72 1.57 71 08/26/05 5 100 10 65.3 1.15 51 08/28/05 100 5 71 08/26/05 11 24 1.57 5 100 12 24.8 1.57 71 08/26/05 5 71 100 13 41.9 1.57 08/26/05 50 5 14 45.8 1.80 84 08/26/05 5 50 15 21.2 1.57 71 08/04/05 50 5 18 71 08/04/05 16 1.57 5 100 17 31.2 84 08/26/05 1.80 5 72 100 18 50.5 1.57 08/26/05 100 5 2 70 1.57 72 08/26/05

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08/26/05

08/26/05

08/26/05

None

08/26/05

08/30/05

08/26/05 08/26/05

08/26/05

08/26/05

08/04/05

09/08/05



**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

First Semester February 15 to State Superintendent

**Second Semester** May 10 to County Superintendent May 24 to State Superintendent

### February 1 to County Superintendent S: COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 15 Flathead 0312 Columbia Falls Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Mile Capacity Social Security # Percentage # Per Day Inspection Operated 67 6 10 52.2 1.80 84 08/22/05 67 6 11 48 1.80 84 08/22/05 08/22/05 67 6 12 26 1.80 84 13 23.6 1.80 08/22/05 67 6 84 67 6 14 58 1.80 84 08/22/05 67 6 15 31.8 1.80 84 08/22/05 67 6 17 32.6 1.80 84 08/22/05 18 08/22/05 67 6 31.6 1.80 84 21 6 35.2 1.80 84 08/22/05 67 67 6 22 35.4 1.80 84 08/22/05 67 6 24 28.9 1.80 84 08/22/05 67 6 25 34.4 1.57 78 08/22/05 148 08/26/05 67 6 26 1.36 64 28 1.80 84 08/22/05 67 6 61 29 52 67 6 1.80 84 08/22/05 67 6 3 33.6 1.57 72 08/23/05 30 52 67 6 1.80 84 08/22/05 4 31.6 1.80 84 08/22/05 67 6 48.9 84 08/22/05 67 6 6 1.80 7 84 08/22/05 67 6 31.4 1.80 67 6 9 30 1.80 84 08/22/05

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

### **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 15 Flathead **High School** 0313 Columbia Falls H S District Route Miles Rate Days **Bus Driver's** Capacity Operated Social Security # Percentage # # Per Day Per Mile Inspection 33 6 10 52.2 1.80 84 08/22/05 33 6 11 48 1.80 84 08/22/05 33 6 12 26 1.80 84 08/22/05 13 23.6 1.80 08/22/05 33 6 84 33 6 14 58 1.80 84 08/22/05 33 6 15 31.8 1.80 84 08/22/05 33 6 17 32.6 1.80 84 08/22/05 33 18 6 31.6 1.80 84 08/22/05 33 6 21 35.2 1.80 84 08/22/05 33 6 22 35.4 1.80 84 08/22/05 33 6 24 28.9 1.80 84 08/22/05 33 6 25 34.4 1.57 78 08/22/05 33 148 08/26/05 6 26 1.36 64 33 28 1.80 84 6 61 08/22/05 33 29 52 6 1.80 84 08/22/05 33 6 3 33.6 1.57 72 08/23/05 33 30 52 84 6 1.80 08/22/05 33 4 31.6 1.80 84 08/22/05 6

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08/22/05

08/22/05

08/22/05

08/22/05

TR-6 (1/05) Page 1

48.9

31.4

19.4

30

1.80

1.80

1.57

1.80

PI

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Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

56

1.57

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501						School Bus Transportation				
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION	N:		
This clair	n is for the	period beginning	g		,	20 and e	nding		_, 20	_•	
	month day month day										
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	olete and a	accurate to the	e best of my kn	owledge.					
Date	Signature, Chair, Board of Trustees										
County:	District:						District l	Level:			
15 Flath	15 Flathead 0316 Creston Elem					Eleme	entary				
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	S	Bus Driver's Social Security #	

72

08/15/05

0	PI

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

DUE First Semester February 1 to County Superintendent	Second May 10 to County	
DATES:	February 15 to State Superintendent	May 24 to State S
COMPLE	TE THIS CLAIM FOR STATE REIMBURSEMENT FOR	R SCHOOL BUS TRANSPORT

Semester y Superintendent Superintendent ΓΑΤΙΟΝ: , 20\_ This claim is for the period beginning and ending , 20\_ month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 15 Flathead 0317 Cayuse Prairie Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Inspection Operated Social Security # Percentage # # Capacity 100 10 1 31.2 1.36 65 08/18/05 2 100 10 16.2 1.57 71 08/18/05 100 10 2A22 1.57 71 08/18/05 33.2 100 10 3 1.57 72 08/18/05

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Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

19.4

1.57

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, M٦	Г 59620-25	01		School Bus 1	ransportatio	n County
DUE DATES:		February 1 February 1	to Cou				•	Second Seme o County Supe o State Superii	erintendent
COMPLI	ETE THI	S CLAIM FO	)R STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATIO	ON:
This clain	n is for the	period beginning		month	day,	20 and en	8	onth	, 20 day
CERTIFI	CATIO	N:							
The infor	mation on	this form is comp	olete and	accurate to the	e best of my kno	owledge.			
Date			Signatur	re, Chair, Board	d of Trustees				
County:			District:					Distric	et Level:
15 Flath	ead		0320	Helena F	lats Elem			Elen	nentary
District Route				Miles Por Dov	Rate Por Mile	Conscity	Ingression	Days	Bus Driver's

78

08/22/05

PI	

45.6

1.80

84

08/29/05

**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

DUE
DATES

100

29

**First Semester Second Semester** February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0327 Somers Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage Per Day Per Mile Capacity Inspection 100 29 10 34 1.80 84 08/26/05 100 29 10 Ext 26 1.80 84 08/26/05 100 29 11 40.4 84 08/26/05 1.80 11 Ext 100 29 26 1.80 84 08/26/05 100 12 29 38 1.80 84 08/26/05 100 29 12 Ext 26 1.80 84 08/26/05 0.95 100 29 13 Sp Ed 32 19 08/26/05 100 29 14CF Sp 133 1.80 84 09/21/05 100 7 29 21 1.80 84 08/26/05 7 Ext 100 29 26 1.80 84 08/26/05 100 29 8 30.2 1.80 84 08/26/05 100 28.5 29 8 Kinder 1.80 84 08/26/05

PI	

38

5

24

1.80

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

**First Semester Second Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0330 Bigfork Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Dav Operated Social Security # Percentage # Per Mile Capacity Inspection 50 38 10 25 1.57 72 08/15/05 50 38 11 56 1.80 84 None 50 12 44.4 78 08/15/05 38 1.57 50 13 50 1.36 08/15/05 38 66 50 38 14 28.4 1.80 84 08/15/05 50 38 15 30 1.57 71 08/15/05 71 50 38 16 87.8 1.57 08/15/05 50 17 47 1.57 71 08/15/05 38 50 38 18 43 1.80 84 08/15/05 32 50 38 19 53 0.95 08/15/05 50 38 19a 41 0.95 32 08/15/05

84

None

PI

38

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24

1.80

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

# School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

**Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0331 Bigfork H S **High School** District Route Miles Rate Days **Bus Driver's** Per Day Operated Social Security # Percentage # Per Mile Capacity Inspection 50 38 10 25 1.57 72 08/15/05 50 38 11 56 1.80 84 None 50 12 44.4 78 08/15/05 38 1.57 50 13 50 1.36 08/15/05 38 66 50 38 14 28.4 1.80 84 08/15/05 50 38 15 30 1.57 71 08/15/05 71 50 38 16 87.8 1.57 08/15/05 50 17 47 1.57 71 08/15/05 38 50 38 18 43 1.80 84 08/15/05 32 50 38 19 53 0.95 08/15/05 50 38 19a 41 0.95 32 08/15/05

84

None

PI	

# **School District Claim for** State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

65

44

## **Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning 20 and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0334 Whitefish Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage # Per Day Capacity Inspection 65 44 1 80 1.57 72 08/29/05 65 44 10 35.4 1.57 71 08/29/05 44 11 39 71 08/29/05 65 1.57 65 44 12 30 1.57 71 08/29/05 100 44 13A 58 0.95 24 08/29/05 100 44 13B 66 0.95 24 08/29/05 100 44 13C 42 0.95 24 08/29/05 44 2 59 1.57 71 08/29/05 65 3 71 44 60 1.57 08/29/05 65 4 71 65 44 41 1.57 08/29/05 65 44 5 36 1.57 71 08/29/05 72 65 44 6 29.4 1.57 08/29/05 65 44 7 27 71 08/29/05 1.57 65 44 8 30 1.57 71 08/29/05

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08/29/05

TR-6 (1/05) Page 1

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**School District Claim for** State Reimbursement for **School Bus Transportation** 

State	
District	
County	

<b>DUE</b>
DATES

35

35

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31.2

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**Second Semester** First Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 15 Flathead 0335 Whitefish H S **High School** District Route Miles Rate Days **Bus Driver's** Operated Social Security # Percentage # Per Day Per Mile Capacity Inspection 35 44 1 80 1.57 72 08/29/05 35 44 10 35.4 1.57 71 08/29/05 35 44 39 71 08/29/05 11 1.57 12 35 30 1.57 71 08/29/05 44 2 71 35 44 59 1.57 08/29/05 35 44 3 60 1.57 71 08/29/05 4 71 35 44 41 1.57 08/29/05 35 44 5 1.57 71 08/29/05 36 29.4 72 35 44 6 1.57 08/29/05 7 71 35 44 27 1.57 08/29/05

71

72

08/29/05

08/29/05

PI

Percentage

100

100

#

54

54

#

35

40

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

Per Day

57

37

Per Mile

1.57

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Social Security #

		Hele	ena, ivi	1 59620-25	001			•		
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FO	R STA	ATE REIMI	BURSEMEN	NT FOR SCH	OOL BUS TRAN	NSPOR'	<b>FATION:</b>	}
This claim is for the period beginning						·				
CERTIFI	CATIO	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date			Signature, Chair, Board of Trustees							
County:		District:							District Le	vel:
15 Flath	Flathead 0341 Marion Elem						Elemer	ntary		
	District	Route	-	Miles	Rate			D	ays	Bus Driver's

Capacity

71

47

Inspection

08/28/05

08/22/05

Operated

PI

58

1b

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

64.7

1.57

School District Claim for State Reimbursement for School Bus Transportation

08/04/05

Helena, MT 59620-2501							School Bus Transportation County			
DUE DATES:		February 1 February 1				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STA	ATE REIME	BURSEMEN	T FOR SCH	OOL BUS TRAI	NSPOR'	TATION:	
This claim is for the period beginning						ding	ing, 20			
				month	day		m	onth	da	y
CERTIF	ICATIO	N:								
The info	rmation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees										
County: District:							District Level:			
15 Flathead 0342 Olney-Bissell Elem					1	Elementary				
Percentage	District #	Route #	•	Miles Per Day	Rate Per Mile	Capacity	Inspection		ays erated	Bus Driver's Social Security #
100	58	1a		28.1	1.57	71	08/04/05			

71

PI

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16B

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	Helena, MT 59620-2501						School Bus T	County			
DUE DATES:		February 1 February 1	to Cou 5 to Sta	te Superint	endent	T FOR SCH	Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:  This claim is for the period beginning											
nis ciaim is for the period beginning month					day	20 and en	month day				
CERTIF	ICATIO	N:									
The infor	The information on this form is complete and accurate to the best of my knowledge.										
Date			Signatu	ature, Chair, Board of Trustees							
County: District:						District Level:					
15 Flathead 1223 West Glacier Elem						Elementary					
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
100	8	16A		85.2	1.57	71	None				

71

None

1.57

78.8